STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expens RECEIVED

for LOBBYISTS (RSA Chapter 15)

JUL 21 2017

PLEASE PRINT

NEW HAMPSHIRE

I. Name of Lob	byist(s) Dr. Mark V		DEPARTMENT OF STATE		
II. Name of lob	byist's partnership,	firm or corporation, if a	any:		
New Hampsh	ire School Adminis	strators Association (N	NHSAA)		
	(Name of partnership	firm or corporation)			
46 Donovan S	Street, Suite 3	Concord	NH	03301	
Business Address:	(Street)	(Town/City)	(State)	(Zip Code)	
(603) 225-32	30	(603) 225-3225	e-mail mar	kjoyce@me.com	
(Teleph	none)	(Fax			
reportable expe	ense transactions wh	ich are not attributable		ou may file a separate report for e to the following client:	
<u>OR</u>	(Full Name of	Client as it appears on the L	obbyist Registration Form)		
All reportable	e transactions by the I particular client.	obbyist (including the lol	bbyist's family), or the lol	bbying firm listed below which are	
IV. Date of Rep	ort April 26, 201	7 🗆	July 26, 2017	₹	
Reports cover:	activity from date of r	rom date of registration to 3/31/17 activit		ty from 4/1/17 to 6/30/17	
	October 25, 2 activity from 7/1.		January 31, 201 activity from 10/1/17 to		
	cked, complete just th		e transactions made si he Secretary of State's Of	nce the last report. Grant of the last report. Grant o	
VI Check if add	ditional reports are	attached:			
	-		file Addendum A – Fees :	and Expenses	
	paid an honorarium o			B- Report of Honorariums or	
☐ If you, your	firm, or your family l	nas made political contrib	outions, you must file Add	lendum C- Political Contributions	
I have read KSA	the best of my knowl bbyist)	14-C and RSA 664 and I	nereby swear or affirm tha	at the foregoing information is true $\frac{-17}{\text{(Date)}}$	

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Dr. Mark V. Joyce		
II. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation)		7 .0 .7
III. Name of Client NH School Administrators Association (NHSAA)	Date	7-18-17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greeduced by any expenses:	t relations, o	or public relations service
a) Total of all fees received in this reporting period	a) \$	949.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ ear)	949.00
c) Total of all fees received to date (Add lines a and b)	c) \$	1,898.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if may be filed aggregate expenses; (b) le: meals pu ss than \$10 ed with a val orting period are of greater er than \$25, expense re	expenditures are made by for the lobbyist(s)/firm total of all expenses paid the aggregate total of all rchased during a busines that is given to the persolue of \$25.00 or less); an of greater than \$25.00 for than \$25, purchase of but not greater than \$50 imbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$	
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	
c) Total of all itemized expenditures reported in detail in section VI.	c) \$	

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
Mark Jage	7-18-17
(Signature of lobbyist)	(Date)
Mark V. Joyce	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

(Print Name of lobbyist)

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:						
Name of Lobbying par	nership, firm, or corpo	oration:				
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any			
particular client): Nev	w Hampshire School A	Administrators Association	n (NHSAA)			
Date of Report (check	one):					
April 26, 2017 □	July 26, 2017 ☑	October 25, 2017 □	January 31, 2018 □			
			nd Expenses described above, and umber of Addendum forms being			
Addendum A(s).					
Addendum B(s).					
Addendum C(s).					
I hereby swear or affirm complete to the best of (Signature of lobbyist) Mark V. Joyce		lief.	nt and each Addendum is true and 7 - 18 - 17 (Date)			